

Form CPF D105: Summary Report of Campaign Receipts and Expenditures Office of Campaign and Political Finance

Commonwealth of Massachuseus

The late of the la				·	CPF I	D# 1	3269	
File with: Director Office of Campaign and Political Finance One Ashburton Place Boston MA 02108 (617) 727-8352					·		Office Use	
Demonstrate namical from:		8/1/01		through	8/1	5/01		
Reporting period from:	Date	Month	Year		Date	Month	Year	
Name of Candidate/Committee:	Mic	hael A. S	Sullivan	Committee	·	· ·	<u></u> .,	
Office Sought:					· .			
Name of Bank:	<u>Citi</u>	zens Bar	ık of Ma	ssachusetts			<u></u>	
							. ,	
Beginning Balance for Reporting	g Perio	đ		\$ _51207.59				_ (1)
Total Receipts in the Reporting I	Period			\$ 0.00	.			_ (2)
Total Expenditures in the Report	ing Pe	riod		\$ 466.48	· -	<u>. · · </u>		_ (3)
Ending Balance for the Reportin	g Perio	od		\$ 50,741.11	-	· · · · · ·	·	_ (4)
		clare that t and belief		ation contained herein is	true and co	rrect to th	ne best of n	ıy
alismo si	M W.	celles f Cashier (or Bank T	reasurer				
	d Kias	ashier or B	ank Treas	surer .				
(4	01) 282-4 elephone	1258		CAMPA ign & Poli ti Finance				r

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Form CPF D106: Receipts and Expenditures Report Report of Expenditures

For Bank Use only

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Office of C	ampaign and Political Finar	nce, One Ashburton F	lace, Bosto	n, MA 02108 (617) 727-8352		- 182	·			
Candidate Name: Michael A. Sullivan										
Commit	ttee Name: Mic	Michael A. Sullivan Committee								
Name of	f Bank: Citi	zens Bank of Ma	ssachuset	ts						
Reporti	ng Period from:			8/1/01	through	8/15/01 Page	e# 1			
				INSTRUCTIONS TO 1	RANK					
Ranks et	ould list any debits	to this account				rges and fees. Information sho	uld be token			
		•			•	tion is omitted from the check,	the bank			
should p	lace an asterisk (*)	in the appropria	ate colum	nn on this torm. Furth	er instruction	s are available from OCPF.				
		•		PURPOSES OF PAYM	TENT					
1.	TV, Radio	2. Newspap	er	3. Meetings	4. Printin	g 5. Office				
. 6.	Travel	7. Signs or		8, Transfer of Fund	9. Other					
Date	Paye	e		Address	Code	Specific Purpose	Amount			
Check	(Alphabetic	al listing		•						
Paid	Manda	tory)								
8/6/01 AT&T			P.O. Box 2971		5	Telephone	19.74			
			Omaha.	, NE 68103						
8/9/01	SS Conias & Damias	n Society	17 Port	er St	9	Donation	250.00			

Check Paid	(Afphabetical listing Mandatory)		.		
	AT&T	P.O. Box 2971 Omaha, NE 68103		5 Telephone	19.74
8/9/01	SS Conias & Damian Society	17 Porter St Cambridge, MA 02141		9 Donation	250.00
8/6/01	Verizon	P.O. Box 28007 Lehigh Valley, PA 18002		5 Telephone	84.68
8/6/01	Verizon Wireless	P.O. Box 489 Newark, NJ 07101		5 Telephone	112.06
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			HINANCE	Total expenditures this page	466.48

Total expenditures this page 466.48

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Total expenditures this page 466.48

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ELECTION COMMISSION



CAMPAIGN & POLITICAL Form CPF D105: Summary Report of CampaignFINANCE Receipts and Expenditures Office of Campaign and Political Finance

Commonwealth
of Magazetuanis

File with: Director			CPF	ID#		
Office of Campaign and Political Finance One Ashburton Place Boston MA 02108 (617) 727-8352				For 0	Office Use	
Reporting period from:	8/16/01	through	8/3	1/01		•
Reporting period from:	Date Month Year	unougn	Date	Month	Year	
Name of Candidate/Committee:	Michael A. Sulliva	ın Committee				
Office Sought:						
Name of Bank:	Citizens Bank of M	Massachusetts				
Beginning Balance for Reporting	; Period	\$ <u>50741.11</u>				_ (1)
Total Receipts in the Reporting F	eriod	\$ 2075.00		<u>-</u>		_ (2)
Total Expenditures in the Report	ing Period	\$ 4233.50				_ (3)
Ending Balance for the Reporting	g Period	\$ 48,582.61				_ (4)
	ereby declare that the infor owledge and belief:	mation contained herein is tr	ue and co	rrect to the	e best of n	ıy
Six Six	The the	Tracellear				

Name of Cashier or Bank Treasurer

(401) 282-4258

Form CPF D106: Receipts and Expenditures Report Report of Expenditures

For Bank Use only

CAMPAIGN & POLITICAL FINANCE

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352									
Candidate Name:	Michael A. Sulliyan								
Committee Name:	Michael A. Sullivan Committee								
Name of Bank:	Citizens Bank of Massachusetts								
Reporting Period fro	om: 8/1	6/01	through	8/31/01 Page # 1					

INSTRUCTIONS TO BANK

Banks should list any debits to this account, including checks, wire transfers, bank charges and fees. Information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterisk (*) in the appropriate column on this form. Further instructions are available from OCPF.

PURPOSES OF PAYMENT

1. TV, Radio

2. Newspaper

3. Meetings

4. Printing

5. Office

6. Travel

7. Signs or displays

8, Transfer of Fund

9. Other

Specific Purpose Date Payee Address Code Amount (Alphabetical listing Check. Mandatory) Paid 100 Federal St 9 Dues 100.00 8/29/01 Boston College Club Boston, MA 02110 9 Service Charge (1) 50.77 8/16/01 Citizens Bank 9 Ducs 7.00 8/20/01 Mass Senior Action Council Inc. 565 Warren St Boston, MA 02121 380.00 9 Donation 8/17/01 Sacred Heart Restoration Fund 6th Street Cambridge, MA 02141 16 Garden St 9 Fundraiser 3256.19 8/27/01 Sheraton Commander Hotel Cambridge, MA 02138 300 Salem St 7 Painting buckets 276.72 8/20/01 Simard Printing Woburn, MA 01801 P.O. Box 410125 9 Donation 75.00 8/24/01 The Jeffrey Curley Memorial Run Cambridge, MA 02141 87.82 P.O. Box 28007 5 Telephone 8/31/01 Verizon Lehigh Valley, PA 18002-8007 Total expenditures this page 4233.50 4233.50 Total this report period



Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political Finance CAMPAIGN & FOLLITICAL

Report of Receipts

CITIZENS BANK OF MASSACHUSETTS 'AUG 2 1 2001 BR752 #04

Commonwealth of Masschungs

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Candidate Name:	Picase print or type all information on this form
Committee Name:	m list a source
Name of Bank:	-City + ens
Reporting Period from:	8-1-01 through 8-20-01 Page # 171
MCI c SS magazina a classica	

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

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•	Cash/	Deposit	Name and Address	Amount \$	Occupation and Emirloyer
<u>}-</u>	Bank#	Date	(Alphabetical listing mandatory)	1	(Contributions \$200 or more)
.1	53-59 113	8/39/0/	Elsa Dorfmon 402 Franklin St Combudge, MA 02139	25	(mote)
2	110	8/29/41	Robert J. Jordon . Bewen St. Boston MA	100	
3	53-X80 7/13	8/20/41	Boy o Penno Bo Normandy Ave	25	
	53-70%	1/20/01	Jean A Saugnano	S 2	
5	1-8 210	8/20/01	Arthur P. Schumonst	200	Pres/1000 DSF Advisors Inc
6	21/3	8/20/01	Smold J. Struart 109 Maple St. Bumont ma	50-	AUGUSTS MC
	114	8/29/11	John B. Sullivan 32 Briston C+ Badford NA	100	
	2/13	Placefor	William 2. Sullivan 356 Main 12 Hoverilly MA	100	
	//0	8/20/11	Adam N Weisberg 51 marna St. Combridge mA	52-	
10	7115	8/20/4	Porshto, MA	100-	
		(Contributions in excess of \$50 (or listed above)	725	····
			Contributions \$50 and under (not fisted above)		Total Danasit (sum of all ann
			Total this page	m	Total Deposit (sum of all pages)
Cand	idate or Co	mmittee: Fil	l out this side only in triplicate and take to the b	ank with your de	7/3

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be a cipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF



Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political FinanceMPAIGN & POLITICAL FINANCE

Report of Receipts

Crammonwedth of Mazachusetts

Office of C	ampaign and Po	olitical Finance, One Ashburton Place, Boston, N	4A 02	108 (61)	7) 727-8352		
		Please print or type all informati					
Candida			1/2				
Committ		-Michael A- Sul	Zun		marith		
Name of	·	- CIDEOUS	<u> </u>				-
Reportin	g Period from	m: 8/21/0/ th	rougi	8/2	8/0/	Page# /7	
M.G.L. c.	55 requires i	the name and residential address to be a	auide	d frim all	l aandaibne		/
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contribute	\$200 or moi	e in a calendar year.	. – –		•	, provident	.0
Cast	1/ Deposit	Name and Address	Am	ount S	Occur	ation and kind	
Bank	# Date	(Alphabetical listing mandatory)	````	ounce &	. .	ation and Em utions \$200 o	loyer
1/53-7	112 0/201	Joseph Benout	 		(00110170	datons 3200 0	niore)
2//	 	Jemenill, MA	1/2	oc —			'
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3 3-2	Phol	Poul D. Prote 20 Bel ?	 		Parl D.F.	12/201	·
/10	100/01	Frey Warker Could 7	25	S		Iren wa	derins !
4. 13-2	10/21	Robert D Mursky					
2117	120/01	Compandi MA	D	,			
5 5-20	8/10/	Front Sec Strove St			20611 6º	Taile / Postin	rs Unin
2114	, ,	boow 53) Type fitter linen Alls for MA	เร	0	Francis So	c / 6000/50	ラー
6 5-25	18/10/	Robert Roje			Hotelier.	COPE FU	
-778	100/6/	Newton mig	25	2		Suge Hatel	'
7			[CITZ	C DANK OF	Corp	
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9	<u> </u>			LBR]	<u>52 #03</u>		
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10	 			-··		<u> </u>	
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		Contributions in excess of \$50 (or listed above)	/2	00		···-·	
		Contributions \$50 and under (not listed above)	_/ 0			· · · · ·	— — 1
		Total this page	<u></u>			it (sam of all pag	es)
Candidate oc	Committee: Fi	ill out this side only in triplicate and take to the	<u>/۷</u>	00	<u> </u>	300	